

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(USE WITH FORM PTO-875)

SERIAL NO. 09/902 064 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	22	26				
TOTAL CLAIMS	23	29				

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			